

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 185-62-029157

FILED OCT 24 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JASPER	b. CITY (If outside corporate limits, give TOWNSHIP only) CARTHAGE	a. STATE MO.	b. COUNTY JASPER
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 309 WEST THIRD ST.		d. STREET ADDRESS 309 WEST THIRD ST.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED			4. DATE OF DEATH	
First ERNEST	Middle WILLIAM	Last DENNETT	Month OCTOBER	Day 13, Year 1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9-18-99	9. AGE (last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY TOOL & DIE	11. BIRTHPLACE (City and state or country) WICHITA, KANSAS	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME SAMUEL ROBERT DENNETT		13b. MOTHER'S MAIDEN NAME FUERBIE ANN		14. NAME OF HUSBAND OR WIFE MARTHA M. BLANCHARD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) <input type="checkbox"/> (If yes, give war or dates of service) NO		17. INFORMANT 9 ERNEST WM. DENNETT, JR. - CARTHAGE, MO.		

18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) Self-inflicted gun shot wound on the right side one inch below the lateral corner of the eye.		inst.
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) He put a .22 gauge Pistol to his head and pulled the trigger.
20c. TIME OF INJURY 5:00 a.m.	Month, Day, Year 10-13-62	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 309 West Third St.	20f. CITY, TOWN, OR LOCATION Carthage	COUNTY Jasper	STATE Missouri
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21. I attended the deceased from _____ to _____ and last saw him alive on _____	
Death occurred at 5:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Hendrick Fuhr	(Degree or title) D.S. Coroner	22b. ADDRESS 208 Frisco Building-Joplin, Mo.	22c. DATE SIGNED 10-16-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE 10-18-62	23c. NAME OF CEMETERY OR CREMATORY NEWCOMERS' CREMATORIUM	23d. LOCATION (City, town, or county) KANSAS CITY Mo.
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24. FUNERAL DIRECTOR ULMER FUNERAL HOME, CARTHAGE, MO.	25. DATE RECD. BY LOCAL REG. 10-16-62	26. REGISTRAR'S SIGNATURE Ely Chutkan
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

20b Pistol

.22 gauge rifle

DATE AMENDED

11/15/62

DOCUMENT

BY AFFIDAVIT OF Coroner

VS 300
Rev. 4/59

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133-0

OCT 25 1962

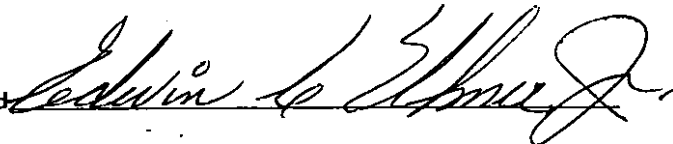
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4955

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.